



CLERK OF THE COURT AND COMPTROLLER  
MIAMI-DADE COUNTY

**REQUEST FOR CONFIDENTIALITY**

This request is being made for confidentiality according to Florida Statutes 119.

**Print your name and reason for claiming confidentiality:**

\_\_\_\_\_

I attest that as a \_\_\_\_\_ I am covered under Florida Statute \_\_\_\_\_ and hereby request that my (Home Address and/or Social Security Number) \_\_\_\_\_ be redacted from the

following:

Book \_\_\_\_\_ Page(s) \_\_\_\_\_ Book \_\_\_\_\_ Page(s) \_\_\_\_\_

Book \_\_\_\_\_ Page(s) \_\_\_\_\_ Book \_\_\_\_\_ Page(s) \_\_\_\_\_

Book \_\_\_\_\_ Page(s) \_\_\_\_\_ Book \_\_\_\_\_ Page(s) \_\_\_\_\_

of the Official Records of Miami-Dade County.

The information provided on this request for redaction is to be kept confidential. The information may only be used by the Miami-Dade County Recorder's staff in order to process my request. I agree to indemnify and hold harmless the Clerk of the Court and Comptroller for any and all claims proximately resulting from this request. Furthermore, I affirm that the only document(s) being redacted is/are identified by Book and Page(s) above.

**\*Must Submit/Present valid work I.D. along with this request.**

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

State of Florida

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

by \_\_\_\_\_

Personally known \_\_\_\_\_ or produced identification \_\_\_\_\_

Type of identification produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_

**Please complete the form(s) with the required information and mail them to the Miami-Dade County Recorder's Office at 73 West Flagler St., Room 133C Miami, FL 33130. Incomplete document(s) will not be processed.**

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_